

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

59-012221

State File No.

FILED MAY 8 1959

BIRTH NO. REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>JARREY</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>MONETT</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. VINCENT'S HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived in institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JARREY</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>MONETT</u> d. STREET ADDRESS (If rural, give location) <u>911 CENTRAL AVE.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>William</u> c. (Last) <u>Bischoff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-59</u>	
5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		8. DATE OF BIRTH <u>4-20-59</u>	
10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>2</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	

13a. FATHER'S NAME <u>William Joseph Bischoff</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Carmichael</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. William Bischoff</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Bischoff</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>Monett, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypoglycemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-20, 1959, to 4-22, 1959, that I last saw the deceased alive on 4-22, 1959, and that death occurred at A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank R. New MD</u>		23b. ADDRESS <u>Monett, Mo</u>	
23c. DATE SIGNED <u>4-22-59</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>4-23-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Branson</u>	
24d. LOCATION (City, town, or county) (State) <u>Branson Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>4-24-59</u> <u>Mrs. P. N. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mercer Funeral Home</u> <u>Monett Mo.</u>	
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DATE REC. 8-5-59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.